

FOOD STAMP NONFINANCIAL WORKSHEET

Primary Person's Name	Social Security Number	Benefit Month and Year
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Household Structure:	Family Group of each person = a. That person, b. That person's spouse, c. That person's non-marital co-parent (NMCP), d. All minors for whom any of the person's in a-c above are providing parental control, and e. Adult children under the age of 22, who are living with his or her natural, adoptive, or stepparent.
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Units	Name	Name	Name	Name	Name	Name	Name	Name
Initial	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Food Unit	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> In <input type="checkbox"/> Out
Individual	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Work Participation	<input type="checkbox"/> Mandatory <input type="checkbox"/> Exempt <input type="checkbox"/> Voluntary	<input type="checkbox"/> Mandatory <input type="checkbox"/> Exempt <input type="checkbox"/> Voluntary	<input type="checkbox"/> Mandatory <input type="checkbox"/> Exempt <input type="checkbox"/> Voluntary	<input type="checkbox"/> Mandatory <input type="checkbox"/> Exempt <input type="checkbox"/> Voluntary	<input type="checkbox"/> Mandatory <input type="checkbox"/> Exempt <input type="checkbox"/> Voluntary	<input type="checkbox"/> Mandatory <input type="checkbox"/> Exempt <input type="checkbox"/> Voluntary	<input type="checkbox"/> Mandatory <input type="checkbox"/> Exempt <input type="checkbox"/> Voluntary	<input type="checkbox"/> Mandatory <input type="checkbox"/> Exempt <input type="checkbox"/> Voluntary
Sanctions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sanction Reason								
Begin date								
End date								
Food Stamp Group	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> In <input type="checkbox"/> Out
	<input type="checkbox"/> Categorical Eligibility <input type="checkbox"/> Mixed Categorical Eligibility				<input type="checkbox"/> Standard Eligibility Number of persons in Food Unit: Number of persons in Food Stamp Group:			